

12 JUL 19 PM 3:17

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Andrews for Senate

ADDRESS (number and street)

215 Fourth Ave.

Check if different
than previously
reported. (ACC)

Haddon Heights

NJ

08035

2. FEC IDENTIFICATION NUMBER ▼

C C00448654

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

ZIP CODE

STATE ▼ DISTRICT

NJ

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2012

through

M M / D D / Y Y Y Y
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand

Signature of Treasurer

Ms. Robyn A. D. Ferdinand

Date

M M / D D / Y Y Y Y
07 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)